1677

01661
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 237 E Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS 237 E. Main St (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GARRETT (Middle) AMOS (Last) ALLENDER.
4. DATE OF DEATH (Month) 2 (Day) 20 (Year) 1956

5. SEX: M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 12-1-1891 | 9. AGE last birthday: 64 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grain Broker | 10b. KIND OF BUSINESS OR INDUSTRY: Grain feeds | 11. BIRTHPLACE (State or foreign country): Harford Co Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Allender. | 14. MOTHER'S MAIDEN NAME: Charlotte Cloman.

15. (WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Clara E. Allender 237 E Main St Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-20-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2-23-56 | NAME OF CEMETERY OR CREMATORY Elkton Cemetery | LOCATION (City, town, or county) (State) Elkton Md.

DATE REC'D BY LOCAL REG. Feb 23 | REGISTRAR'S SIGNATURE H R Yeager | 24. FUNERAL DIRECTOR Pippin Funeral Home | ADDRESS 259 E. Main St Elkton, Md.
W. A. Lusby

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01662

1678

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) Life time; HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 Bridge St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural, give location) 110 Bridge St.

3. NAME OF DECEASED (Type or Print): (First) Addison (Middle) (Last) Atkinson

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 23, 1871

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Prop.

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Atkinson

14. MOTHER'S MAIDEN NAME: Mary Dennison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Thomas Carr, Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
610X Immediate cause	(a) cerebral hemorrhage	1 day.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) subacute glomerular nephritis	6 yrs.
	(c) Hypertrophy of Prostate.	6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20, 1950, to 2/16, 1956, that I last saw the deceased alive on 2/15, 1956, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wallace W. Johnson. M.D. ADDRESS: Newark Del DATE SIGNED: 2/18/56.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/19/56 | NAME OF CEMETERY OR CREMATORY: Cherry Hill Methodist Cem | LOCATION (City, town, or county): Cherry Hill (State): Md.

DATE REC'D BY LOCAL REG.: Feb 18 | REGISTRAR'S SIGNATURE: F R Frazier | 24. FUNERAL DIRECTOR: H. Walter du Bois, Jr. ADDRESS: Elton, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1689

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01663 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Nottingham RD I Pa.
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lombard.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Nottingham RD I Pa
STREET ADDRESS (If rural, give location) Lombard Md

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) C (Last) BARRETT

4. DATE OF DEATH (Month) 2 (Day) 8 (Year) 1956

5. SEX: M **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Married **8. DATE OF BIRTH:** 2-27-1878 **9. AGE last birthday:** 77 yrs. **IF UNDER 1 YEAR** Months Days **IF UNDER 24 HRS.** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): Retired **10b. KIND OF BUSINESS OR INDUSTRY:**

11. BIRTHPLACE (State or foreign country): Cecil Co Md. **12. CITIZEN OF WHAT COUNTRY?** U S A

13. FATHER'S NAME: Daniel Fletcher Barrett **14. MOTHER'S MAIDEN NAME:** Melorena Irwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Margaret Barrett, Nottingham Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

332 X

Immediate cause (a) Cerebral Thrombosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A L LeDoctor M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 2-8-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial **DATE THEREOF** 2/11/56 **NAME OF CEMETERY OR CREMATORY** Fairview Burial Ground **LOCATION** (City, town, or county) Calvert (State) Md.

DATE REC'D BY LOCAL REG. Feb 9-56 **REGISTRAR'S SIGNATURE** L M Worthington **24. FUNERAL DIRECTOR** William L. Johnston **ADDRESS** Oxford Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01664

1690 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (in this place) 21 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 405 S. Central Ave.,

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (NMI) (Last) Beck

4. DATE OF DEATH: (Month) February (Day) 5 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: October 30, 1892

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unk.

10B. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Beck - Deceased

14. MOTHER'S MAIDEN NAME: Catherine Tine - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 220-03-5409

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Aplastic anemia — Unk.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 16, 1956 to Feb. 5, 1956, and that death occurred at 11:25 AM from the causes and on the date stated above.

SIGNATURE W. M. Harris M.D.
ADDRESS W. M. HARRIS, M.D., Acting Director, Professional Services, VAH, Perry Point, Md.
DATE SIGNED 2-5-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 2-8-56
NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland.

DATE REC'D BY LOCAL REGISTRAR 2/6/56
REGISTRAR'S SIGNATURE C. A. Hedrick
24. FUNERAL DIRECTOR Dippel Brothers Funeral Home
ADDRESS Baltimore, Maryland.

1

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

1691

CERTIFICATE OF DEATH

01665 91
Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: CECIL — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CECILTON
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: HD

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: MD. — b. COUNTY: CECIL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CECILTON
d. STREET ADDRESS:
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: WILLIAM — Middle: H. — Last: BOLTON

4. DATE OF DEATH: Month: FEB. — Day: 29 — Year: 1956

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Nov. 28, 1877

9. AGE (In years last birthday): 78 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM H. BOLTON

14. MOTHER'S MAIDEN NAME: MARY E. WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-12-9857

17. INFORMANT: MRS. MAGGIE BOLTON — Address: CECILTON - MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

446X

DUE TO

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b): Nephrosclerosis — years

DUE TO

(c): Generalized Atherosclerosis — years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Aug, 1955, to Feb 29, 1956, that I last saw the deceased alive on Feb 29, 1956, and that death occurred at 3 p. M, from the causes and on the date stated above.

ACTUAL SIGNATURE: Wallace Obenshain M.D. — ADDRESS (Street, city or town, state): Cecilton, md. — DATE SIGNED: 3 mar 1956

PHYSICIAN'S NAME (Type): Wallace Obenshain, M.D.

22a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 22b. DATE THEREOF: MAR. 3, 1956 — 22c. NAME OF CEMETERY OR CREMATORY: JOHNTOWN CEM. — 22d. LOCATION (City, town, or county) (State): RURAL FAIRLEVILLE MD.

23. FUNERAL DIRECTOR'S SIGNATURE: Edward Fillows — ADDRESS: Millington, Md

24a. REC'D BY REGISTRAR DATE: Mar. 7, 1956 — 24b. REGISTRAR'S SIGNATURE: Mrs. Ralph Rees

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH

1679 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01666

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 227 W. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 227 W. Main St.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Boulden
4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1956

5. SEX: M
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12-8-1869
9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Boat Builder
10b. KIND OF BUSINESS OR INDUSTRY: Boat Building
11. BIRTHPLACE (State or foreign country): Cecil Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William T. Boulden
14. MOTHER'S MAIDEN NAME: Margaret Boulden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-26-0100
17. INFORMANT AND ADDRESS: Layton T. Boulden 227 W. Main St. Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	11 mos.
	(c) Cardio Vascular Renal	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 19..., to 2/14, 19..., that I last saw the deceased alive on 2/14, 19..., and that death occurred at 505 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Herbert Bailey, M. D.
ADDRESS: Elkton Md
DATE SIGNED: 2/15/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-18-56
NAME OF CEMETERY OR CREMATORY: Elkton Cemetery
LOCATION (City, town, or county) (State): Elkton Md

DATE REC'D BY LOCAL REG.: Feb 17
REGISTRAR'S SIGNATURE: F. K. Frazer
24. FUNERAL DIRECTOR: Pippin Funeral Home
ADDRESS: 259 E Main St Elkton, Md.
W. A. Lusby

1692 01667

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ......

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit RD
LENGTH OF STAY (in this place) 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Port Deposit Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) CHRISTINE (Last) BOWYER
4. DATE OF DEATH (Month) 2 (Day) 17 (Year) 1956

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 10-3-1875
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bedford Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph J. Tate
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Roy B. Andrews. Port Deposit Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 592X

Immediate cause (a) Chronic Nephritis & Dropsy

DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-17-56

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 2-17-1956
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) Bedford, Va.

DATE REC'D BY LOCAL REG. 2-17-1956
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

01668

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1680

Reg. Dist. No. 92

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) R F D # 3

3. NAME OF DECEASED: (First) Mary (Middle) LOUISE RUSH (Last) Burns.
4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1956

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 22, 1883
9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Scranton Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Rush
14. MOTHER'S MAIDEN NAME: Catherine McDermott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Thomas D. Burns Elkton, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — Feb. 17 56
ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1955 to Feb. 2, 1956, that I last saw the deceased alive on Feb. 1, 1956, and that death occurred at 2 a.m. M, from the causes and on the date stated above.
SIGNATURE Donald A. Wolfe M.D. ADDRESS Elkton, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Feb 4, 1956
NAME OF CEMETERY OR CREMATORY: Cathedral Cem.
LOCATION (City, town, or county) (State): Scranton, Lackawanna Co. Pa

DATE REC'D BY LOCAL REGISTRAR: Feb 7
REGISTRAR'S SIGNATURE: F R Frazier
24. FUNERAL DIRECTOR: Pezzuti Funeral Home
ADDRESS: Elkton, Md

1681

01669

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 12 Curtis Lane.

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) (Last) BUTLER.

4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1956

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-19-1887.

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Plumber.

10b. KIND OF BUSINESS OR INDUSTRY: General.

11. BIRTHPLACE (State or foreign country): Elkton Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Butler

14. MOTHER'S MAIDEN NAME: Martha Kimbel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-12-9880A

17. INFORMANT & ADDRESS: Mary E Butler Curtis Lane Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Accident — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L McDodson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 2-7-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/9/56	Elkton Cemetery	Elkton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 9	H R Frazer	Pippin Funeral Home Wm A. Busby	259 E Main St Elkton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01670

1682 CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1 PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Elkton
LENGTH OF STAY (in this place): 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital Elkton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elk Mills
STREET ADDRESS (If rural give location): X

3. NAME OF DECEASED: (Type or Print) (First) ROSE (Middle) B. (Last) CLAY

4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 1956.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-20-20.

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): W. Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Sidney Dove

14. MOTHER'S MAIDEN NAME: Pearl Smith.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Verman Clay, Elk Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) CVA — Interval Between Onset And Death: 24 hours.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive, Arteriosclerotic — 3-4 mos

DUE TO

(c) Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — 3-4 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2-, 1956, to 2-17-, 1956, that I last saw the deceased alive on 2-17-, 1956, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE Peter Stanko (Degree or title) M.D. ADDRESS Elkton Md. DATE SIGNED 2-18-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/20/56 — NAME OF CEMETERY OR CREMATORY: Elkton Cemetery — LOCATION (City, town, or county) (State): Elkton Md.

DATE REC'D BY LOCAL REGISTRAR: Feb 18 — REGISTRAR'S SIGNATURE: H R Frazer

24. FUNERAL DIRECTOR: H. Walter du Bois, Jr. — ADDRESS: Elkton, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01671

1693 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRY POINT
LENGTH OF STAY (in this place) (5 Yrs.5 Months)
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 117 Zepplin Avenue

3. NAME OF DECEASED: (First) HEYWARD (Middle) W. (Last) COOPER
4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1956
5. SEX MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 8-8-22
9. AGE last birthday 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Postal Clerk
11. BIRTHPLACE (State or foreign country): Simpsonville, S. C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Lucile Cooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. 249 22 8817
17. INFORMANT & ADDRESS. Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Malnutrition, severe, in persons over 2 yrs. of age	1-2-yrs.
ANTECEDENT CAUSE (B) DUE TO	Decubitus ulcers, multiple, over all bony prominences	5-6 yrs.
(C) DUE TO	Multiple sclerosis	unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8, 1950, to 2-12, 1956, that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at 9:00a M, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Director, Professional Services M. D.
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 2-13-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 2-13-56
NAME OF CEMETERY OR CREMATORY Carver Memorial Park
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 2-14-56
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace, Md.
ADDRESS

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1694 CERTIFICATE OF DEATH

01672

Reg. Dist. No. 91

1. PLACE OF DEATH

COUNTY Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun R.D. — LENGTH OF STAY (In this place) 20 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 276

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun, Rural

STREET ADDRESS (If rural give location) Rt. 276

3. NAME OF DECEASED (Type or Print) (First) Cora (Middle) Lee (Last) Cowan

4. DATE OF DEATH (Month) 2 (Day) 7 (Year) 19-56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	4-27-1878	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rasholte Crumley	Mollie Dobbs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		—	Ray Cowan, Rising Sun, Md. R.A.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cardiac Decompensation — 3 wks.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cirrhosis of liver — 6 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19..., to 2-7, 19 56 that I last saw the deceased alive on 2-7, 19 56, and that death occurred at 10 A M, from the causes and on the date stated above.

SIGNATURE Neil Faulkner M.D. — ADDRESS (Street, city, town, state) Rising Sun Md. — DATE SIGNED 2/9/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-10-1956	Hopewell	Port Deposit Md. Rural

24a. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb 8 1956	L.M. Worthington	Owen Patterson & Son	Perryville, Md.

VOID

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V# AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1683 CERTIFICATE OF DEATH

01673

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY: Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Elkton

LENGTH OF STAY (In this place): 1 Week

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Elkton

STREET ADDRESS (If rural give location): 104 South St.

3. NAME OF (Type or Print) (First) Arthur (Middle) H. (Last) Denney

4. DATE OF DEATH (Month) 2 (Day) 7 (Year) 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
Male	White	Married	October 12, 1888	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paper Hanger	Self Employed	Dover, Delaware	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Denney	Eliza Jane Philipps

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	No	Charles Denney Elkton, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: IMMEDIATE CAUSE (A)	Pulmonary Edema	1 day
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)	Cardio vascular renal	10 years
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from ..... 19 30 .., to 2-7-..... 19 56, that I last saw the deceased alive on 2-7-..... 19 56, and that death occurred at 9 20 P.M., from the causes and on the date stated above.

SIGNATURE M.D. Herbert Bates — ADDRESS (Street, city, town, state) 230 E. main st Elkton Md — DATE SIGNED 2/8/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/11/56	Bethel Cemetery	Near Chesapeake City, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Feb. 14 1956	E. R. Frazer	Pippin Funeral Home 259 E main st. Elkton Md. Wm A. Lusby.

1695

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01674 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East RD. | LENGTH OF STAY (Specify) 5 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ruby (Middle) MARSHALL (Last) DIXON
4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 1956.
5. SEX: M.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-29-1904
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Worker
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine
11. BIRTHPLACE (State or foreign country): Kentucky Cecil Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Dixon
14. MOTHER'S MAIDEN NAME: Julia Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-12-0827
17. INFORMANT & ADDRESS: Walter Dixon, Wilmington Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Drowned — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Honeycreek
21c. (City or town) North East (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) 07 (Day) 2 (Year) 4 (Hour) 56 2 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell in Creek North East Md.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. E. Woodson M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2-8-56
NAME OF CEMETERY OR CREMATORY St Marks A.U.M.P.
LOCATION (City, town, or county) North East Rt 2 Cecil (State) Md.

DATE REC'D BY LOCAL REG. 2-8-1956
REGISTRAR'S SIGNATURE Sarah E Rothermel
24. FUNERAL DIRECTOR Joseph R Leary ADDRESS North East Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01675

1696 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 6mo. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Myersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) R. (Last) FARSHT

4. DATE OF DEATH: (Month) February (Day) 13 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married(Sep.)

8. DATE OF BIRTH: 1-29-18

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary (E) Grossnickel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Subarachnoid accumulation of cerebral — INTERVAL BETWEEN ONSET AND DEATH: Approx. 5 Mo.

ANTECEDENT CAUSE (S) DUE TO spinal fluid (following operation)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Angioma of the cerebellum, probably — unknown

DUE TO congenital

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Bronchopneumonia, right lower lobe — unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-20, 1955, to 2-13, 1956, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 1:35 AM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Director, Professional Services — ADDRESS M. D. VAH, Perry Point, Md. — DATE SIGNED 2-13-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 2-13-56

NAME OF CEMETERY OR CREMATORY Unknown

LOCATION (City, town, or county) (State) Myersville, Md.

DATE REC'D BY LOCAL REGISTRAR 2-13-1956

REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR [signature] ADDRESS BITTLE FUNERAL HOME, Myersville, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1697 CERTIFICATE OF DEATH

01676

Reg. Dist. No. ....

1. PLACE OF DEATH

COUNTY Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Conowingo Rural

LENGTH OF STAY (in this place) 73 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Conowingo Rural

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Albert (Last) Grubb

4. DATE OF DEATH (Month) Feb. (Day) 19 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov.2 1882	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Mail Carrier	U.S.Gov't.	Conowingo Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles A.Grubb	Mary M.Hess

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	none	Mrs.William Grubb Conowingo,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Recurrent Myocardial Infarction — 2 hours

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Myocardial Infartion 3 months

DUE TO (C) Coronary Sclerosis — 10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10 ....., 19 56., to 2/19 ....., 19 56., that I last saw the deceased alive on 2/19 ....., 19 56., and that death occurred at 2:49 P.M., from the causes and on the date stated above.

SIGNATURE Orel R Langrall M.D. ADDRESS (Street, city, town, state) Rising Sun, Md. 2/21/56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb.22,1956	Penn Hill Friends	Near Conowingo Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb 22-56	L M Worthington	J. E. Tyson	Rising Sun, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01677

1698 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (In this place) 4yrs.2mo.13days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Landover Hills
STREET ADDRESS (If rural give location) 7120 Allison

3. NAME OF DECEASED: (Type or Print) (First) MARVIN (Middle) J. (Last) GUYOT

4. DATE OF DEATH: (Month) (Day) (Year) February 15 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-19-1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months IF UNDER 24 HRS.: Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silver Smith

10B. KIND OF BUSINESS OR INDUSTRY: Oneida Silver Co.

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John B. Guyot - Deceased

14. MOTHER'S MAIDEN NAME: Mary Donahue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis, general — unknown
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2, 1951, to 2-15, 1956, and that death occurred at 9:25 PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Director, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 2-16-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 2-16-56 — NAME OF CEMETERY OR CREMATORY Valley View — LOCATION (City, town, or county) (State) Sherrill, New York

DATE REC'D BY LOCAL REGISTRAR 2-16-56 — REGISTRAR'S SIGNATURE Irene Erdaughety

24. FUNERAL DIRECTOR Pennington & Son — ADDRESS Havre de Grace, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01678

1699 CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colora, Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND
LENGTH OF STAY (in this place) 67 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colora, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Armstrong (Last) Hindman

4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 21, 1888

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Colora, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Hindman

14. MOTHER'S MAIDEN NAME: Frances Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service.

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Sarah Hindman Colora, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Carcinoma of Lungs — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO: Arteriosclerosis — 4 ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ✓

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953 to Feb. 6, 1956 that I last saw the deceased alive on Feb. 4, 1956 and that death occurred at 2 P. M. from the causes and on the date stated above.

SIGNATURE F. P. Snodgrass M. D. ADDRESS Darlington Md. DATE SIGNED 2/6/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Feb. 9, 1956

NAME OF CEMETERY OR CREMATORY: West Nottingham

LOCATION (City, town, or county) (State): Near Colora, Md.

DATE REC'D BY LOCAL REGISTRAR: Feb 7 56

REGISTRAR'S SIGNATURE: E M Worthington

24. FUNERAL DIRECTOR: J. Earl Tyson

ADDRESS: Rising Sun Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01679

1700 CERTIFICATE OF DEATH Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 1 mo. 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1722 McHenry

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) M. (Last) HOLTZNER

4. DATE OF DEATH: (Month) (Day) (Year) February 20 1956

5. SEX Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 6-17-96 | 9. AGE last birthday 59 yrs | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Signal Corp.
10B. KIND OF BUSINESS OR INDUSTRY: Aberdeen Proving Ground, (Government)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Holtzner
14. MOTHER'S MAIDEN NAME: Mary Durbeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 214-01-9875
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

173X

IMMEDIATE CAUSE (A) Bronchopneumonia, unresolved, right lower — INTERVAL BETWEEN ONSET AND DEATH: 3 to 4 days

ANTECEDENT CAUSE (S) DUE TO lobe

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Brain tumor, left temporal lobe, — unknown

DUE TO malignant, type undetermined

(C) Arteriosclerosis, general — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1956, to 2-20, 1956, and that death occurred at 6:50 AM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Director, Professional Services M. D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 2-20-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 2-20-56 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 2-20-56 | REGISTRAR'S SIGNATURE Irene E. Dougherty | 24. FUNERAL DIRECTOR Pennington & Tyson, ADDRESS Havre de Grace, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1684

CERTIFICATE OF DEATH

01680 92

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: CECIL — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ELKTON
c. LENGTH OF STAY IN 1b: 4 DAYS
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: UNION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
a. STATE: MARYLAND
b. COUNTY: CECIL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): NORTH EAST
d. STREET ADDRESS:
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First HOWARD Middle M Last JACKSON

4. DATE OF DEATH: Month 2 Day 27 Year 1956

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12-2-1880

9. AGE (In years last birthday): 75 yrs.
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WEAVER

10b. KIND OF BUSINESS OR INDUSTRY: TEXTILE RET-26 Yrs

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: THEODORE JACKSON

14. MOTHER'S MAIDEN NAME: ELIZABETH MEEKINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Ella M Jackson — Address: North East Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO
(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mellitus; Gastric Ulcer;

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —

20c. TIME OF INJURY Hour a. m. p. m. — Month, Day, Year — 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

20f. (City or town) — (County) — (State) —

21. I certify that I attended the deceased from 22 Feb, 19 56, to 27 Feb, 19 56, that I last saw the deceased alive on 26 Feb, 19 56, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: Klaus H. Huebner M.D. M.D.
ADDRESS (Street, city or town, state): North East, Md
DATE SIGNED: 27 Feb '56

PHYSICIAN'S NAME (Type): KLAUS H. HUEBNER M.D.

22a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
22b. DATE THEREOF: 3-1-1956
22c. NAME OF CEMETERY OR CREMATORY: METHODIST
22d. LOCATION (City, town, or county) (State): NORTH EAST CECIL Md

23. FUNERAL DIRECTOR'S SIGNATURE: Joseph R Hurst
ADDRESS: North East Md

24a. REC'D BY REGISTRAR DATE: 3/1/56
24b REGISTRAR'S SIGNATURE: J R Frazier

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01681

1701 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (In this place): 33yrs.4mo.25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural give location): 1542 Mohican

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) MARTIN (Last) LANG

4. DATE OF DEATH: (Month) February (Day) 2 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 6-23-84

9. AGE last birthday: 71 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sign Painter

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Lang - Deceased

14. MOTHER'S MAIDEN NAME: Katherine (?) - Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Septicemia, Staphylococcus hemolyticus (clonical)	3 to 4 days
ANTECEDENT CAUSE (S) DUE TO	(B) Abscess, periprostatic	7 to 10 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Adenocarcinoma prostate	unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION: 1-30-56

19B. MAJOR FINDINGS OF OPERATION: Pneumoencephalogram

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): VA M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8- , 1922 to 2-2- , 1956, that I last saw the deceased alive on [illegible] and that death occurred at 2:15 PM, from the causes and on the date stated above.

SIGNATURE: W. OPPLER, Director, Professional Services, M. D. — ADDRESS: VAH, Perry Point, Md. — DATE SIGNED: 2-6-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal — DATE THEREOF: 2-4-56 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: 2-7-56 — REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1702 CERTIFICATE OF DEATH

Reg. Dist. No. 96 01682

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (in this place) 28 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veteran Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Prince Williamd; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manassas; STREET ADDRESS (If rural give location) 313 Maple Street

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) L, (Last) LAWLER

4. DATE OF DEATH: (Month) February (Day) 4 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: September 16, 1909

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10B. KIND OF BUSINESS OR INDUSTRY: School Board

11. BIRTHPLACE (State or foreign country): Virgnia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD C. LAWLER

14. MOTHER'S MAIDEN NAME: SARAH REBECCA LAWLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 228 18 4811

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia, bilateral, unresolved — INTERVAL BETWEEN ONSET AND DEATH: 4-5 Days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Carcinomatosis — Unknown

DUE TO

(C) Carcinoma Urinary Bladder — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I/VA attended the deceased from Jan.7, , 1956, to Febr.4 , 1956, that I last saw the deceased alive on [illegible], and that death occurred at 10:20 AM, from the causes and on the date stated above.

SIGNATURE W.M.HARRIS, M.D. ADDRESS Acting Director, Professional Services, VAH., Perry Point, Md. DATE SIGNED 2-5-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL — DATE THEREOF 2-5-56 — NAME OF CEMETERY OR CREMATORY Stonewall Memory Garden — LOCATION (City, town, or county) (State) Manassas, Virginia.

DATE REC'D BY LOCAL REGISTRAR 2-4-56 — REGISTRAR'S SIGNATURE Irene E. Dougherty — 24. FUNERAL DIRECTOR Pennington & Son, — ADDRESS Havre DeGrace, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01683

1685 CERTIFICATE OF DEATH

Items 11,12, 13,14, 15,16 Filmed 2-8-56 et

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 131 W. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY CECIL

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELKTON, Md

STREET ADDRESS (If rural give location) 131 W. MAIN

3. NAME OF DECEASED (Type or Print) [First] William [Middle] E. [Last] Liebig

4. DATE OF DEATH (Month) Feb (Day) 1 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	April 1 1909	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul Leibig	Mary A. Hamill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes W.W. II	213-05-1656	

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH 6 years

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Chr. Arteriosclerosis — 9 mos.

DUE TO (C) Generalized Edema — 6 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 5, 1955, to Feb. 1, 1956, that I last saw the deceased alive on Feb. 1, 1956, and that death occurred at 11:25 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. — **ADDRESS** (Street, city, town, state) 24 E. 11th St. Elkton, Md. — **DATE SIGNED** 2/2/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 4/56	New Catholic	Elkton, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb. 6, 1956	L. R. Frazer	H.W. Pippin & Son By [signature]	Elkton

1793

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 01684

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. — COUNTY:
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 4405 - 8th Street, N.W.

3. NAME OF DECEASED: (First) WALLIE (Middle) (NMI) (Last) MC ELVEEN (Type or Print)

4. DATE OF DEATH: (Month) February (Day) 28 (Year) 19 56

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-29-96

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Paper Operator

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Gov't.Printing Office

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wheeler McElveen - Deceased

14. MOTHER'S MAIDEN NAME: Sallie Mazon - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Acute coronary occlusion	Immediate
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary arteriosclerosis severe	unknown
DUE TO			
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: [signature] M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED: 2-28-56

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — **DATE THEREOF:** 2-29-56 — **NAME OF CEMETERY OR CREMATORY:** Arlington National — **LOCATION** (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 3-1-56 — **REGISTRAR'S SIGNATURE:** Irene E. Daugherty — **24. FUNERAL DIRECTOR:** Pennington & Son — **ADDRESS:** Havre de Grace, Md.

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers between pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1686

01685
Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: Cecil — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Elkton
c. LENGTH OF STAY IN 1b: 1 month
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Union Hospital, Elkton, Md

2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
a. STATE: Md
b. COUNTY: Cecil
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Elkton
d STREET ADDRESS: 307 Penna Ave
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First Julia Middle — Last McNEAL

4. DATE OF DEATH: Month 2 Day 21 Year 1956

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11-24-1890

9 AGE (In years last birthday): 65 yrs
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11 BIRTHPLACE (State or foreign country): Elkton, Md

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Patrick Costello

14. MOTHER'S MAIDEN NAME: Ella Ward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO: —

17. INFORMANT: Vernon McNeal
Address: Elkton, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b): Arteriosclerotic Cardio-Renal — 10 years
DUE TO
(c): Stroke

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): Diabetes mellitus + Anemia

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month Day Year 19

20d INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from 1-24 19 56 to 2-21 19 56 that I last saw the deceased alive on 2-21 19 56, and that death occurred at 8:45 A.M. from the causes and on the date stated above.

ACTUAL SIGNATURE: Peter Stavrakis M.D.
ADDRESS (Street, city or town, state): 154 W. Main, Elkton, Md.
DATE SIGNED: 2-21-56

PHYSICIAN'S NAME (Type): PETER STAVRAKIS, M.D.

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: 2-24-56
22c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens
22d. LOCATION (City, town, or county): Elkton Hill (State): Md.

23. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: [illegible] Landing

24a. REC'D BY REGISTRAR DATE: FEB 27 1956
24b. REGISTRAR'S SIGNATURE: E. R. Frazer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01686

1704 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (In this place): 10yrs.8mo.4days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Michigan — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Detroit
STREET ADDRESS (If rural give location): 5425 McDougall Street

3. NAME OF DECEASED: (First) WILLIAM (Middle) W. (Last) MILLER

4. DATE OF DEATH: (Month) February (Day) 8 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-14-86

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator

10B. KIND OF BUSINESS OR INDUSTRY: Street Car

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) Peacetime

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Bronchopneumonia, bilateral, unresolved	3-4 days
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Pulmonary infarction, multiple, bilateral	5-7 days
DUE TO	(C) Mural thrombus right auricular appendage	10-14 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Coronary arteriosclerotic heart disease Arteriosclerosis generalized	unknown unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): VA M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4, 1945, to 2-8, 1956, ~~alive on~~ and that death occurred at 11:15 PM, from the causes and on the date stated above.

SIGNATURE: W. Oppler — ADDRESS: VAH, Perry Point, Md. — DATE SIGNED: 2-10-56

W. OPPLER, Director, Professional Services M. D.

23. BURIAL CREMATION, REMOVAL (SPECIFY): Removal — DATE THEREOF: 2-9-56 — NAME OF CEMETERY OR CREMATORY: Unknown — LOCATION (City, town, or county) (State): Detroit, Michigan

DATE REC'D BY LOCAL REGISTRAR: 2-10-56 — REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01687

■ 1687 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) MUNN
4. DATE OF DEATH: (Month) 2. (Day) 6 (Year) 1956

5. SEX: M | 6. COLOR OR RACE: Wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH. | 9. AGE last birthday 80 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer. | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: no information | 14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Hosp. Records

■ MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

I42.0
IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — 10 years ?
ANTECEDENT CAUSE (B) DUE TO —
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — | 21C. WHERE DID INJURY OCCUR? (City or town) — (County) — (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 27 Jan, 1956, to 6 Feb., 1956, that I last saw the deceased alive on 6 Feb, 1956, and that death occurred at 1 P. M, from the causes and on the date stated above.

SIGNATURE Hans H. Hauber M.D. M. D. | ADDRESS No. 4th E. of Rd | DATE SIGNED 6 Feb '56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Embalming Storage | DATE THEREOF 2/8/56 | NAME OF CEMETERY OR CREMATORY Univ. of Med. Med. School | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR FEB 15 1956 | REGISTRAR'S SIGNATURE L. R. Frazer | 24. FUNERAL DIRECTOR | ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1705

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01688 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ......

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Calvert — LENGTH OF STAY (in this place) 6 mo	CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) W. Bradford Township
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grayhead Nursing Home	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ALBERT	(Middle) C	(Last) PASS	4. DATE OF DEATH (Month) 2	(Day) 11	(Year) 1956
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH: 6-11-1875	9. AGE last birthday: 80 yrs.	IF UNDER 1 YEAR Months 8 Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Lab.	11. BIRTHPLACE (State or foreign country): Chester Co Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: John Pass		14. MOTHER'S MAIDEN NAME: Sarah E. Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.: —	17. INFORMANT & ADDRESS: Chas. W. Pass, 6 Melton Ave. Marcus Hook Pa.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Occlusion

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ....

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dodson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-13-56

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible] | DATE THEREOF Feb 15 1956 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG. Feb 13-1956 | REGISTRAR'S SIGNATURE L. M. Worthington | 24. FUNERAL DIRECTOR Ralph M. Reed | ADDRESS Rising Sun, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01689

1688

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH

COUNTY CECIL — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELKTON

LENGTH OF STAY (in this place) 2 HRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE DELAWARE COUNTY NEW CASTLE

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEWARK 4 L.

STREET ADDRESS (If rural give location) 2106 BARKSDALE ROAD

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Philhower

4. DATE OF DEATH (Month) Feb. (Day) 23 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	WHITE	SINGLE	Feb. 23, 1956	2 hours			2	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE		MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM PHILHOWER	BETTY J. CORKRAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		WM PHILHOWER 2106 BARKSDALE RD NEWARK, DEL.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23, 1956, to Feb. 23, 1956, that I last saw the deceased alive on Feb. 23, 1956, and that death occurred at 8:20 P. M., from the causes and on the date stated above.

SIGNATURE Clifford D. Prosser M.D. — **ADDRESS** (Street, city, town, state) Elkton Md — **DATE SIGNED** Feb. 24, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	FEB 25 1956	WHITE CLAY CREEK	NEWARK, DEL

24. REC'D BY REGISTRAR Date: FEB 25 1956	REGISTRAR'S SIGNATURE E. R. Frazer	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
		N. T. Jones	Newark, Del

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01690

1706 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit

LENGTH OF STAY (in this place) 3 Mos

HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 N. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Allegany

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Western Port

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) S. (Last) Pickel

4. DATE OF DEATH (Month) 2 (Day) 15 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
Male	White	Married	Sept. 29, 1887	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paper Maker	Mill	Michigan	U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	212-05-9224	Lorena C. Pickel, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-23-56 IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 5 or 6 yrs.

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Congestive Heart — 5

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15-, 19 55, to 2-15-, 19 56, that I last saw the deceased alive on 2-14, 19 56, and that death occurred at 10 A.M. from the causes and on the date stated above.

SIGNATURE S. H. Pickel M.D. **ADDRESS** (Street, city, town, state) P. D. Md. Rt 1 **DATE SIGNED** 2-15-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-18-56	Philos	Western Port, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
2-16-56	Irene E. Daugherty	Lee A. Patterson & Son	Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1707

01691

CERTIFICATE OF DEATH

Reg. Dist. No. 96

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed and filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS AIS (4)
ISM 9/55

1. PLACE OF DEATH a. COUNTY: Cecil — MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE: Maryland	b. COUNTY: Harford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point	c. LENGTH OF STAY IN 1b: 1 mo. 24 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Abingdon	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Veterans Administration Hospital		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print)	First: William	Middle: A.	Last: Schirling	4. DATE OF DEATH	Month: February	Day: 21	Year: 1956	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 6-28-02	9. AGE (In years last birthday): 53 yrs	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cable Splicer	10b. KIND OF BUSINESS OR INDUSTRY: unknown	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Michael Schirling - Deceased		14. MOTHER'S MAIDEN NAME: Lida Badt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes give war or dates of service): Peacetime & WWII	16. SOCIAL SECURITY NO.: unknown	17. INFORMANT: Hospital Records, VAH, Perry Point, Md.	Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bronchopneumonia, bilateral, unresolved	3-4 days
DUE TO		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — (b)	Lymphoma, Hodgkins disease of ribs, cervical &	unknown
DUE TO (c)	thoracic vertebra, right hip and skull Arteriosclerosis, general, moderate	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) — 19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19	20d. INJURY OCCURRED While at work ☐ Not while at work ☐	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
VA					

21. I certify that I attended the deceased from 12-28, 19 55, to 2-21, 19 56, that I last saw the deceased alive on ____, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

ACTUAL SIGNATURE: W. Oppler, M.D. — ADDRESS (Street, city or town, state): VAH, Perry Point, Maryland — DATE SIGNED: 2-21-56

PHYSICIAN'S NAME (Type): W. OPPLER — Director, Professional Services

22a. BURIAL, CREMATION, REMOVAL (Specify): Removal	22b. DATE THEREOF: 2-21-56	22c. NAME OF CEMETERY OR CREMATORY: Smith Chapel	22d. LOCATION (City, town, or county): Churchville, Md.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE: Howard R. McComas & Son	ADDRESS: Abingdon, Maryland	24a. REC'D BY REGISTRAR DATE: Feb 21 1956	24b. REGISTRAR'S SIGNATURE: [illegible]	

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1708 CERTIFICATE OF DEATH

01692

Reg. Dist. No. 9r

1. PLACE OF DEATH

COUNTY Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Route 3, Elkton

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Route 3, Elkton, Md.

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) HATTIE (Middle) I. (Last) SIMPERS

4. DATE OF DEATH (Month) Feb. (Day) 29, (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 27, 1874	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. Hunter Mahoney	Elizabeth Heak

15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No		None	Mrs. Elizabeth S. Rogers, R. D. 3, Elkton, Md. (daughter)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Chronic Bilateral Fibrosis of Lung — 2 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
—	—	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/22, 1954, to 2/29, 1956, that I last saw the deceased alive on 2/28, 1956, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. **ADDRESS** (Street, city, town, state) Elkton (My) **DATE SIGNED** 3/1/57

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 3, 1956	Union Cemetery	Cecil County, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
3/2/57	[signature]	Ralph E. Hicks	Bow & Stockton Sts. Elkton, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01693

1709 CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1131 W. Ostend

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) E. (Last) TRAUNMILLER

4. DATE OF DEATH: (Month) February (Day) 12 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 7-3-95

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Records Clerk

10B. KIND OF BUSINESS OR INDUSTRY: VA Regional Office

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alois Traunmiller - Deceased

14. MOTHER'S MAIDEN NAME: Baltimore, Md. Lulu Baber - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia, tuberculous — INTERVAL BETWEEN ONSET AND DEATH: 3 to 4 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Pulmonary tuberculosis, bilateral, active — unknown

DUE TO

(C) Arteriosclerosis generalized, moderate, severe — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9, 1956, to 2-12, 1956, and that death occurred at 9:37 PM, from the causes and on the date stated above.

SIGNATURE W. Oppler — ADDRESS VAH, Perry Point, Md. — DATE SIGNED 2-15-56

W. OPPLER, Director, Professional Services M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 2-14-56 — NAME OF CEMETERY OR CREMATORY Unknown — LOCATION (City, town, or county) (State) Missouri

DATE REC'D BY LOCAL REGISTRAR 2-15-56 — REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Pennington & Son — ADDRESS Havre de Grace, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1710 Item 17: film G197 5-21-56 L
Item 7 Film G196 1-25-56 et

01694 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City — LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Charles.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Chesapeake City.
STREET ADDRESS (If rural, give location) Charles St

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) BENNETT (Last) VEALE
4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 1956

5. SEX: M.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Single ~~Married~~
8. DATE OF BIRTH: 8-29-1907
9. AGE last birthday: 48 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: All works
11. BIRTHPLACE (State or foreign country): Chesapeake City Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Veale
14. MOTHER'S MAIDEN NAME: Fannie Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes give war or dates of service)
16. SOCIAL SECURITY No.: 218-18-3286
17. INFORMANT & ADDRESS: May Veale, Chesapeake City Md.

18. MEDICAL CERTIFICATION CARTER

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH
490 X
Immediate cause (a) Left lobar Pneumonia
DUE TO
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-1956

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/22/56
NAME OF CEMETERY OR CREMATORY Bohemia Manor Cem.
LOCATION (City, town, or county) (State) Bohemia Manor, Md.

DATE REC'D BY LOCAL REG. February 22-1956
REGISTRAR'S SIGNATURE Mrs. Ralph H. Bell
24. FUNERAL DIRECTOR Ralph H. Bell
ADDRESS 909 Poplar St.

VS. A15A - 5 - 53

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1711 CERTIFICATE OF DEATH

01695

Reg. Dist. No. 96

1. PLACE OF DEATH

COUNTY: Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point

LENGTH OF STAY (In this place): 1 mo. 23 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore

STREET ADDRESS (If rural give location): 3608 E. Lombard

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	F.	WELLS	February 28 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	11-25-16	39 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stave Joiner	Barrel Factory	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard Wells	Dora Wayland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes — WW II	unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 581.0

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Hemorrhage, massive, into the gastro-intestinal tract	24 hours
ANTECEDENT CAUSE(S) DUE TO (B)	Varix of esophagus, multiple, ruptured	unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Coarse nodular cirrhosis	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis general, mild	unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
VA M.		

22. I hereby certify that I attended the deceased from Jan. 5, 1956, to Feb. 28, 1956 and that death occurred at 7:40p M, from the causes and on the date stated above.

SIGNATURE: J.C. Grasberger — Professional

J.C. GRASBERGER, Acting Director, Services M.D. — ADDRESS (Street, city, town, state): V.A. Hospital, Perry Point, Md. — DATE SIGNED: 2-29-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2-29-56	Baltimore National	Baltimore, Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 3-1-56	Irene E. Dougherty	Pennington & Son, Havre de Grace, Md.